ditions are present, the tendon phenomena are absent or diminished unless additional disease of the descending tracts counterbalance this influence. (Return of knee-jerks in tabes after hemiplegic attacks.) (2) That disease of the pyramidal tracts causes hypertonia and increase of reflexes. The tendon-jerks under such conditions are increased unless additional disease of the ascending tracts, anterior horns, or peripheral neurones neutralizes this influence. (3) Histological hyper- and hypotonia modify above-stated relations to a slight degree when the disease has not advanced to its full clinical representation. (4) We find in our lists a large group of more or less normotonic registration with approximately normal behavior of the tendon phenomena. (5) We find a smaller group of more or less marked hypotonic registrations. In this group the tendon phenomena are mostly demonstrated. This diminution is evidenced by the fact that the tendon-jerks are not easily elicited, that the muscular contraction is sluggish and vermicular, and is easily exhausted. This behavior of tendon phenomena is not influenced by reinforcement. NOYES.

VASOMOTOR RIGHT-HANDED AND LEFT-HANDEDNESS. E. Cavani (Arch. Ital. de Biol., June 10, 1903).

Whether this condition exists or not is answered in the affirmative by the author. In an examination of a large number of right-handed and left-handed individuals, he finds a vasomotor reaction more intense and more rapid on one side of the body than on the other. Generally the conditions more favorable to the vasomotor reaction are found on the side of the body more able to put forth the greater muscular effort. The difference in time between the reactions on both sides of the body may amount to one second. Very probably, the vasomotor asymmetry is to be ascribed to the greater permeability or conductivity of the nervous routes in the extremities which have been more freely exercised, without excluding the possibility of the influence of the varying degrees of sensorial excitability in the two halves of the body or the corresponding halves of the brain. JELLIFFE.

IDIOPATHIC CONTRACTURE. J. Vershubsky (Prakt. Vratch., 1903, No. 27).

The author describes the symptoms of a patient who had been suffering for three months with clonic, lightning-like convulsions that would occur 25 to 50 times per minute. They began by an abnormal movement of the right shoulder joint, whereby the scapula rotates somewhat around its horizontal axis, and the joint is slightly raised, while the head is turned back and the chin to the side. This was followed by a maximum pronation of the forearm and the close approximation of same to the trunk. The hand then dropped down to the sexual organs or continued its motions toward the left axillary region, and was then drawn forcibly (by the patient) backward and downward. This cycle of movements, which was extremely painful and rendered the patient very miserable, ceased only during the sufferer's sleep. Apart from great physical exertion Vershubsky failed to discover anything in the patient's past history that would give him a clue to the etiology of the condition. He was compelled to exclude, through the absence of the necessary factors, toxic influence, psychic states frequently characterized by localized convulsions, such as cortical epilepsy, and others; organic disease of the nervous system, as, for instance, tumor of the brain, was excluded by the absence of any other symptoms, etc. Of the functional nervous disorders, the affection did not resemble hysteria, epilepsy, chorea, paralysis agitans, or any of the tics. The only similar disease which could be supposed in this case would be paramyoclonus multiplex; but in this the muscular contractions do not embrace whole groups of muscles, and, moreover, the muscles affected are usually symmetrically disposed, which was not the case in the patient under observation. It thus remained for the author to designate the case as one of idiopathic contractions. As regards the treatment of the condition, it is of interest to observe that neither drugs nor psychic therapy seemed to produce any effect. Not even hypodermic injections of duboisine sulphate, of marked utility in many similar conditions, were of any avail here. It was then decided to place the patient in the hospital with the possible view of operating, when in the course of a few days amelioration showed itself, and in about two weeks patient was discharged considerably improved. However, as the improvement did not last long, and the patient insisting on something being done to relieve him, operative interference was finally decided upon. The operation consisted in the separation of the tendons of the various muscles involved in the convulsive seizures. The convulsions ceased entirely during the first three days after the operation, but later on the contractions were renewed, though not with the former severity. ROVINSKY.

THE DAILY RHYTHM OF EPILEPSY AND ITS INTERPRETATION. S. Pierce Clark (Medical News, July 18, 1903).

The study of the rhythm in the course of disease-processes is interesting and instructive, notably so in the chronic convulsive disorders without definite pathological basis. Such studies are not solely of scientific value in solving the pathogenesis of such diseases as paralysis agitans, myoclonus, epilepsy and kindred cerebral disorders, but is of definite therapeutic value. This particularly holds good of epilepsy. Clark has reviewed this whole subject and contributed statistical studies from the Craig Colony for Epileptics. His ultimate data comprise a collection of one hundred and fifty thousand epileptic seizures tabulated by their hourly occurrence. The component tables and the ultimate compilation are here reproduced. He finds that "there is a more or less definite daily rhythm in the epilepsies in the evening, noontime, and in the early morning, which roughly divide the 24 hours of the day into eight-hour periods; there are also smaller or secondary rhythms." He interprets the occurrence of this rhythm in epilepsy upon "the basis of cerebral fatigue and the accumulation of waste products at these periods which produce the autointoxication and which in turn exhibits itself in seizures during light sleep and during the day when the loss of cerebral inhibition is greatest. Secondary and contributing factors are manner of living, diet, exercise, occupation, sedatives and the character of the epilepsy." The secondary causes are not primary in importance as the tables comprising the group collections in which the former were modified materially without materially altering the main curves of the rhythm. A point of considerable practical importance is brought out in the study, that epileptics rarely meet with serious accident while actively employed, or at least not until such work becomes automatic in character; work therefore for such patients should be simple, but not monotonous, a principle in operation in the diversified types of industries in the colony farms in many states.

E. H. WILLIAMS.

LANDRY'S PARALYSIS. D. Rolly (Münchener med. Woch., Aug. 4, 1903).

This rare and interesting condition was carefully studied by the author who had occasion to observe seven cases. The disease began in all with certain prodromal signs, among which a feeling of lassitude was most complained of. In a short time, paresis of the legs became pronounced and the process then extended upward to the trunk, arms and neck. In two cases the facial nerve was involved and in two the muscles of respiration. There generally is no fever during the onset or at most only a slight rise of temperature and pain does not form a prominent sign at first. Throughout the course the reflexes are absent or much diminished and reaction of degeneration will appear eventually. Ataxia is occasionally present, muscular atrophy appears late and the functions of bladder and rectum are generally normal. No new facts could be ascertained as to etiology, like in so many cases previously published, no cause for this serious illness could be